

Note: Form must be filled out completely and signed prior to submittal to the following address:

Nuclear Waste Partnership LLC PO Box 2078 GSA-207 Carlsbad, NM 88221 FAX: (575) 234-7050

Company Name: Address: Phone: City: State: Zip(+4): e-Mail: **REMITTANCE ADDRESS (if different)** Address: City: State: Zip(+4): e-Mail: Other: Address: Country Code: City: State: Zip(+4): **COMPANY CONTACTS** Manager Name: Sales Name: Phone: Cell: Phone: Cell: e-Mail e-Mail Accounts Payable Name: Service Name: Phone: Phone: Cell: Cell: e-Mail: e-Mail: Fax: Fax:



TYPE OF BUSINESS										
Is your company a Corporation?				Yes	No					
If not, state company type:										
Individual		1	Non-Profit LLC							
Partnership		,	Joint Ventur	е						
If yes: Corporation incorporated under laws of the State of:										
State Congressional District Number :	State No:									
(Information located at <u>www.nationalatlas.gov/printa</u>	District No:									
Year your company was established:										
New Mexico Combined Reporting Sys	tem (CRS) ID	Num	ber:							
Federal Tax ID Number or Social Security Number if no Federal Tax ID:										
DUNS Number:										
Number of Employees:			Annual Revenue:							
PARENT COMPANY INFORMATION	ON									
Company Name:										
Address:			Phone:							
City:	State:		Zip(+4):							
DUNS Number:										
TYPE OF BUSINESS										
Is your parent company a Corporation? Yes No										
Individual		1	Non-Profit LLC							
Partnership		,	Joint Venture							
If yes: Corporation incorporated under	laws of the S	tate c	of:							
BUSINESS DESCRIPTION & TYPE										
	S/EQUIPMEN	TV	SERVICES	CONSTRU	CTION	OTHER				
(check all applicable)										
BRIEF DESCRIPTION OF BUSINESS										



Socioeconomic Information For guidance refer to 13 CFR Parts 121 through 127									
Is	your company a small business concern?			Yes		No			
Check all that apply:									
	Women-Owned Small Business			American Indian					
	Veteran-Owned Small Business			Asian Pacific American					
	Service-Disabled Veteran-Owned Small Business			Black American					
	Small Disadvantaged Business			Hispanic American					
	Certified as an 8(a) with the SBA? Attach copy of certification			Native American Owned					
	Certified as a HUBZone small business? Attach copy of certification			Asian American					
	Economically Disadvantaged Woman Owned Small Business			Native Hawaiian Organization					
	Alaskan Native Corporation								
If your company is not a small business, which of the following applies?									
	Large Business	Federal Gove	I Government						
	Educational Institution	State/Local G	State/Local Government						
	Non-Profit Organization	DOE Prime Contractor							
	If yes,please pr			vide Prime Contract #					
NORTH AMERICAN INDUSTRIAL CLASSIFICATION CODES SYSTEM (NAICS)									
North American Industry Classification System (NAICS) The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishment for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Reference http://www.sba.gov/content/table-small-business-size-standards (click pdf file - under Table of Small Business Size Standards section in middle of page for a complete list of NAICS codes)									
PRIMARY NAICS Code(s)		NAICS Description of Vendor's Business							
Attach a print out of your company's Registration at: www.sam.gov or www.bpn.gov/CCR									
By manually signing below, the applicant certifies that the information and representations provided on this form are accurate, current, and complete. Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in the programs conducted under the authority of the Small Business Act.									

Signature

Date

Printed Name and Title of Person Authorized to Sign



SUPPLIER AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Company Name:								
Address:								
City:	State:		Zip(+4):					
I hereby authorize Nuclear Waste Partnership, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.								
DEPOSITORY (Bank) NAME		BRANCH						
ITY		STATE		ZIP				
BANK TRANSIT/ABA NO.		ACCOUNT NO.						
This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and a DEPOSITORY a reasonable opportunity to act on it.								
AUTHORIZED SIGNATURE		DATE						

(Application must also be signed on page 3 of 4)

(Form W-9 must also be submitted with your Supplier Application)

NOTICE TO PROSPECTIVE VENDORS

Submittal of supplier information will be treated confidentially and is for NWP use only. Submittal allows a supplier to be considered for solicitation purposes; however, does not guarantee that the vendor will be placed on a solicitation (bid) list or awarded a sub-contract.